

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐ FEPA☒ EEOC

423-2020-00203

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Mrs. Rebecca M. Ezenwanne

Home Phone (Incl. Area Code)

(601) 942-6968

Date of Birth

1978

Street Address

104 Angelia Lane, Clinton, MS 39056

City, State and ZIP Code

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

MANHATTAN NURSING AND REHABILITATION CENTER, LLC

No. Employees, Members

Unknown

Phone No. (Include Area Code)

(601) 982-7421

Street Address

4540 Manhattan Road, Jackson, MS 39206

City, State and ZIP Code

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

RECEIVED

NOV 13 2019

U.S. EEOC/JAO

DISCRIMINATION BASED ON (Check appropriate box(es).)

☒ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN
☐ RETALIATION ☒ AGE ☒ DISABILITY ☐ GENETIC INFORMATION
☐ OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE
Earliest Latest

10-01-2019

10-29-2019

☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)).

I was hired in May 2007 as a Payroll Clerk at \$12.75/hour and was later promoted to Assistant Business Office Manager at \$18.00/hour in 2013. Around March 2015, I left my position and was re-hired in August 2016 to my previous position as a Payroll Clerk. I have been subjected to adverse terms and conditions of employment and my younger White co-worker Jennifer Landers that worked in the business office was treated better than me.

In August 2016, Administrator Bobbie Blackard (White) re-hired me as the Payroll Clerk. On October 1, 2019, Ms. Blackard gave me an ultimatum to quit nursing school or lose my job, which started to create a hostile working environment. On October 29, 2019, my doctor told me that due to the stress of the working environment and the inability to focus and concentrate, I am not fit to perform any job duties. Ms. Blackard has put all this work on me which is not part of payroll job duties anyway, but she wanted to make me feel bad as if I couldn't get my work done, which has caused nothing but stress and has a negative and bad effect on my quality of life. I'm under doctor's care and has been

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

Date

Charging Party Signature

A

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referred out for counseling due to emotional distress. I was accepted into the nursing program and Ms. Blackard let my younger White co-worker Jennifer go to nursing school while working around her schedule, but she wouldn't work around my schedule because she said it's not working for her.

I believe I have been discriminated against because of my race (Black) in violation of Title VII of the Civil Rights Act of 1964, as amended, my age (41) in violation of the Age Discrimination in Employment Act of 1967, as amended and because of my disability in violation of the Americans with Disabilities Act of 1990, as amended.

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I declare under penalty of perjury that the above is true and correct.

11/13/19
 Date

Rebecca Ezemwaka
 Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
 (month, day, year)